Wrocław, date ………………

# Name and surname: ……………………..

# Student no: ………………………………

# E-mail: ......................@student.pwr.edu.pl

# Address: ………………………….

# Faculty/Branch: Faculty of Fundamental Problems of Technology

# Field of study: ………………………..

# Specialty: ……………………………..

# Year of study: ………, semester: …………..

# Form of study: Full-time

# Level of study: First-cycle studies/Second-cycle studies

Profile: academic

**Vice-Dean for Education**

**Faculty of Fundamental Problems of Technology**

**Wroclaw University of Science and Technology**

**Subject: Resumption of studies**

I kindly ask you to consent to the resumption of studies in the winter semester (2024/2025).

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Student’s signature

NOTE: The application must be accompanied by a transcript of grades (available from the Dean's Office) and the study plan for which the resumption is to take place. On the plan, the grades of recognized subjects should be entered and the page of the transcript of grades on which the grade obtained before the deletion appears should be marked.